

**FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

APPLICANT(S)

A. Hair

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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TOTAL IND.	9					
TOTAL DEP.	8	↔	↔	↔		
TOTAL	17					

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TOTAL IND.		↔	↔	↔		
TOTAL DEP.		↔	↔	↔		
TOTAL		↔	↔	↔		